

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		43	2/5/01
FORMALITY REVIEW	MD	579	02/01/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral).... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	5-19-01
2	✓	✓	5-19-01
3	✓	✓	5-19-01
4	✓	✓	5-19-01
5	✓	✓	5-19-01
6	✓	✓	5-19-01
7	✓	✓	5-19-01
8	✓	✓	5-19-01
9	✓	✓	5-19-01
10	✓	✓	5-19-01
11	✓	✓	5-19-01
12	✓	✓	5-19-01
13	✓	✓	5-19-01
14	✓	✓	5-19-01
15	✓	✓	5-19-01
16	✓	✓	5-19-01
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18	✓	✓	5-19-01
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21	✓	✓	5-19-01
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33	✓	✓	5-19-01
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35	✓	✓	5-19-01
36	✓	✓	5-19-01
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38	✓	✓	5-19-01
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44	✓	✓	5-19-01
45	✓	✓	5-19-01
46	✓	✓	5-19-01
47	✓	✓	5-19-01
48	✓	✓	5-19-01
49	✓	✓	5-19-01
50	✓	✓	5-19-01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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